



ZONING USE PERMIT

Make checks payable to:
CITY OF MARIETTA, OHIO
304 PUTNAM ST. MARIETTA, OHIO 45750
PHONE: 740-373-9355 FAX: 740-373-2574



PARCEL# _____
ZONE: _____
PERMIT# _____

FEE: \$25.00

APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETE INFORMATION AND FEES.
STRUCTURES SHALL NOT BE OCCUPIED UNTIL THE CERTIFICATE OF USE HAS BEEN ISSUED

Applicants name: _____ Phone# _____
Applicants address: _____
Applicants email: _____

Address of occupancy requested: _____
Business name: _____
Past use of location: _____
Present use of location: _____
Proposed Type: **(Circle one)** Industrial Retail Office Medical Counseling Restaurant Industry
Rehab Auto sales Home based business Adult entertainment Auto repair Salvage yard Other

Full scope of proposed use/services provided:

Will medication be given or prescribed at proposed location: YES NO
Will alcohol be sold at proposed location: YES NO
Any hazardous material used or stored at proposed location: YES NO
Number of staff: _____ Retail floor sq./ft.: _____ Number of restaurant seats: _____
Total number of off street parking for staff and location: (C4 Zone only) _____

Property owner: _____ Phone# _____
Address: _____
Email: _____

NOTICE
ISSUANCE OF CERTIFICATE DOES NOT CONSTITUTE A WAIVER OF ANY OTHER
APPLICABLE LOCAL, STATE AND/OR FEDERAL LAWS AND REGULATIONS.
CONTACT ZONING FOR FINAL INSPECTION UPON COMPLETION

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ZONING PERMIT # _____

I HEREBY CERTIFY THAT THE ABOVE LOCATION QUALIFIES FOR USE:

NAME: JIM CALDWELL JAMESCALDWELL@MARIETTAOH.NET
ZONING ADMINISTRATOR

DATE: _____

NOTES:

COMMERCIAL AND INDUSTRIAL ENTERPRISES SHALL POST THE CERTIFICATE
AND MAKE IT AVAILABLE FOR INSPECTION UPON DEMAND.